

# GIC Health Plan Rates – Monthly Rates *as of July 1, 2010*

**For BLUE HILLS REGIONAL SCHOOL DISTRICT  
ENROLLEES**



**Active Employees, Retirees, and Survivors *WITHOUT MEDICARE***

*Includes 0.33% Administrative Fee*



HEALTH PLAN	TEACHERS Enrolled in GIC <i>Before July 1, 2009</i>			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 41.63	\$ 99.90	15%	\$ 62.44	\$149.85
Fallon Community Health Plan Select Care	10%	49.93	119.83	15%	74.90	179.74
Harvard Pilgrim Independence Plan	10%	60.50	147.78	15%	90.75	221.67
Harvard Pilgrim Primary Choice Plan	10%	48.02	117.29	15%	72.03	175.93
Health New England	10%	41.54	102.97	15%	62.31	154.46
Tufts Health Plan Navigator	10%	58.18	141.27	15%	87.27	211.90
Tufts Health Plan Spirit	10%	46.18	112.12	15%	69.27	168.18
NHP Care ( <i>Neighborhood Health Plan</i> )	10%	41.49	109.95	15%	62.24	164.92
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	10%	80.66	188.30	15%	120.98	282.45
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	10%	76.94	179.68	15%	115.41	269.52
UniCare State Indemnity Plan/ Community Choice	10%	40.80	97.91	15%	61.20	146.87
UniCare State Indemnity Plan/PLUS	10%	56.29	134.33	15%	84.43	201.49

**Retirees and Survivors *WITH MEDICARE***

HEALTH PLAN	TEACHERS Enrolled in GIC <i>Before July 1, 2009</i>		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
	%	\$	%	\$
Fallon Senior Plan*	10%	\$ 22.63	15%	\$ 33.94
Harvard Pilgrim Medicare Enhance	10%	37.95	15%	56.92
Health New England MedPlus	10%	36.34	15%	54.51
Tufts Health Plan Medicare Complement	10%	35.20	15%	52.79
Tufts Health Plan Medicare Preferred*	10%	22.33	15%	33.49
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	10%	36.33	15%	54.49
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	10%	35.26	15%	52.89

\* Rates are subject to federal approval and may change January 1, 2011.

***Rates are Calculated by the Blue Hills Regional School District Benefits Office.***

**Rate questions? Call: 781.828.5800 x336**